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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

(a) Quarterly Reports: April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) X October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) July 31 Mid-Year Report(Non-election Report (Non-election Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Primary (12P) General (12G) Runoff (12R) Primary (12P) Special (12G) in the State of	FURIN 37	`	For C)ther	Than An	Authorize	ed Comm	ittee		Offic	ce Use Only	
ADDRESS (number and street) 300 E BREVARD STREET	-	E (in full)						ing, type				
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER CO0349639 3. ISTHIS NEW AMENDED REPORT (N) OR AMENDED REPORT (N) OR AMENDED REPORT (No. Filection Due On: Mar 20 (M2) Jun 20 (M5) Aug 20 (M8) (No. Filection Convention (12C) April 15 Quarterly Report(Q1) Quarterly Report(Q2) Quarterly Report(Q3) Quarterly Report(Q3) Quarterly Report(Q3) Quarterly Report(Q4) Quarterly Report(Q5) Quarterly Report(Q6) PRE-Election Report for the: Convention (12C) Special (12G) Runoff (12R) Decomplete Primary (12P) General (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12G) Decomplete State of Convention (12C) Special (12G) Special (12G) Decomplete State of Convention (12C) Special (12G) Special (12G) Decomplete State of Convention (12C) Special (12G) Special (12G) Decomplete State of Convention (12C) Special (12G) Special (12G) Special (12G) Decomplete State of Convention (12C) Special (12G) Special (12	FLORIDA PI	BA INC FRIEN	NDS OF L	_AW E	ENFORCEM	IENT						
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER CO0349639 3. ISTHIS NEW AMENDED REPORT (N) OR AMENDED REPORT (N) OR AMENDED REPORT (No. Filection Due On: Mar 20 (M2) Jun 20 (M5) Aug 20 (M8) (No. Filection Convention (12C) April 15 Quarterly Report(Q1) Quarterly Report(Q2) Quarterly Report(Q3) Quarterly Report(Q3) Quarterly Report(Q3) Quarterly Report(Q4) Quarterly Report(Q5) Quarterly Report(Q6) PRE-Election Report for the: Convention (12C) Special (12G) Runoff (12R) Decomplete Primary (12P) General (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12G) Decomplete State of Convention (12C) Special (12G) Special (12G) Decomplete State of Convention (12C) Special (12G) Special (12G) Decomplete State of Convention (12C) Special (12G) Special (12G) Decomplete State of Convention (12C) Special (12G) Special (12G) Special (12G) Decomplete State of Convention (12C) Special (12G) Special (12			1 1 1		1 1 1 1					1 1 1		
than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C00349639 3. IS THIS REPORT X NEW OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) X October 15 Quarterly Report(Q2) X Quarterly Report(Q2) X Quarterly Report(Q2) Termination Report Report (TER) REPORT (A) Feb 20 (M2) April 20 (M5) Aug 20 (M8) Aug 20 (M8) Aug 20 (M8) April 20 (M7) April 15 Quarterly Report(Q1) April 15 Quarterly Report(Q2) X Quarterly Report(Q2) X Quarterly Report(Q3) April 15 Quarterly Report(Q2) April 15 Quarterly Report(Q3) April 15 Quarterly Report(Q3) April 15 Quarterly Report(Q2) April 15 Quarterly Report(Q3) April 16 A	ADDRESS (numb	er and street)	300) E BR	REVARD ST	REET						
2. TYPE OF REPORT (Choose One) (Beport (Choose One) (Choo	than pre	eviously	L TA	LLAHA	ASSEE				L FL		32301	-
4. TYPE OF REPORT (b) Monthly Report (Choose One) (a) Quarterly Report(S) (b) Monthly Report (Choose One) (a) Quarterly Report(S) (b) Monthly Report (Choose One) (a) Quarterly Report(S) (b) Monthly Report (Choose One) (b) Quarterly Report(S) (c) Quarterly Report(O1) (c) Quarterly Report(O2) (c) Quarterly Report(O2) (c) Quarterly Report(O2) (c) Quarterly Report(O3) (d) Quarterly Report(O3) (e) Quarterly Report(O4) (e) Quarterly Report(O5) (e)	2. FEC IDENTI	FICATION N	JMBER	*		CITY 🛕			STATE	4	ZIPCO	DE 🛕
(a) Quarterly Reports: April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) X October 15 Quarterly Report(Q3) January 31 Quarterly Report(Q6) Report for the: Convention (12C) Special (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12G) Flection on Election on Report for the: Election on In the State of State of Covering Period To or on the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Electronically Filed by DAVID MURRELL NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. FEC FORM 3X FEC FORM 3X	C0034	9639					Г		R		DED	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer DAVID MURRELL Signature of Treasurer Electronically Filed by DAVID MURRELL Date 0 1 2 0 2 0 1 0 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. FEC FORM 3X	(Choose One (a) Quarter Ap Qu Jul Qu X Qu Jul Re Ye Te	ly Reports: ril 15 larterly Report ly 15 larterly Report ctober 15 larterly Report nuary 31 larterly Report larterly Report larterly Report arterly Report arterly Report larterly Report ly 31 Mid-Year leport(Non-elect lar Only) (MY)	(Q1) (Q2) (Q3) (YE)	Rep Due	12-Day PRE-Electi Report for 30-Day Post -Elect Report for	Mar 20 (M3 Apr 20 (M4 on the:	Primary (1 Conventio	Jun 20 (M Jul 20 (M 2P) n (12C)	Ge Sp	Sep 20 (M Oct 20 (M ecial (12G)	in the State of	Runoff (12R) of Special (30S)
Type or Print Name of Treasurer DAVID MURRELL Signature of Treasurer Electronically Filed by DAVID MURRELL Date 0 1 2 0 2 0 1 0 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office FEC FORM 3X	5. Covering Per	riod	0 7	0 1	200	9	throug	h O	9 30	20	009	
NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office FEC FORM 3X	-					my knowledge	and belief it	is true, corr	ect and com	plete.		
Office FORM 3X	-		-		-		uhiget the se	areon eigning				
	Office	lon or raise, er	roneous,	or inec	mpiete info	ппаноп тау s	ubject the pe	erson signing	uns Repor	1		-

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/11

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
i. (a	a) Cash on Hand January 1 2009 Y Y Y		42857.45
(i	c) Cash on Hand at Begining of Reporting Period	61552.49	
(0	c) Total Receipts (from Line 19)	14321.90	40616.94
(0	d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75874.39	83474.39
. Т	otal Disbursements (from Line 31)	26000.00	33600.00
R	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	49874.39	49874.39
th	ebts and Obligations owed TO e committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations owed BY e committee (Itemize all on chedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 11

Write or Type Committee Name

FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT

Report Covering the Period:

From:

м м 0 7 D D D

2009

Γο:

м м

^D 3 0

^Y 2009

	I. Receipts	I. Receipts COLUMN A Total This Period			
	Contributions (other than loans) From: a) Individuals/Persons Other				
	Than Political Committees (i) Itemized (use Schedule A)	14321.90	40616.94		
	(ii) Unitemized	0.00	0.00		
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	14321.90	40616.94		
(1	b) Political Party Committees	0.00	0.00		
•	c) Other Political Committees (such as PACs)	0.00	0.00		
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14321.90	40616.94		
	Fransfers From Affiliated/Other Party Committees	0.00	0.00		
3. <i>A</i>	All Loans Received	0.00	0.00		
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00		
to	o Federal candidates and Other Political Committees	0.00	0.00		
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00		
	Fransfers from Non-Federal and Levin Funds				
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00		
(1	b) Levin Funds (from Schedule H5)	0.00	0.00		
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00		
	Total Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	14321.90	40616.94		
	otal Federal Receipts subtract Line 18(c) from Line 19)	14321.90	40616.94		

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 11

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	20000.00	25000.00
24.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	6000.00	8600.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(1) 1 Euchai Shale		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	26000.00	33600.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	26000.00	33600.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 11

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
al Contributions (other than loans) n Line 11(d), page 3)	14321.90	40616.94		
 al Contribution Refunds n Line 28(d))	0.00	0.00		
Contributions (other than loans) otract Line 34 from Line 33)	14321.90	40616.94		
al Federal Operating Expenditures I Line 21(a)(i) and Line 21(b))	0.00	0.00		
ets to Operating Expenditures in Line 15, page 3)	0.00	0.00		
Operating Expenditures stract Line 37 from Line 36)	0.00	0.00		

FE6AN026

A.

FOR LINE NUMBER: PAGE 6/11 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT Full Name (Last, First, Middle Initial) RECEIPTS UNITEMIZED Date of Receipt Mailing Address 300 EAST BREVARD ST 09 25 2009 City State Zip Code Transaction ID: SA11AI.4242 **TALLAHASSEE** FL 32301 Amount of Each Receipt this Period FEC ID number of contributing C 14321.90 federal political committee. MEMBERSHIP DUES Name of Employer LAW ENFORCEMENT OFC Occupation LAW ENFORCEMENT Receipt For: Aggregate Year-to-Date Primary General 40616.94 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	14321.90
TOTAL This Period (last page this line number only)	•	14321.90

for each category of the Detailed Summary Page for each category of the Detailed Summary Page and Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT Full Name (Last, First, Middle Initial) KATHY CASTOR Mailing Address PO Box 5419 for each category of the Detail of Committee and Category of the Detailed Summary Page 21b	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	NUMBER: PAGE 7/11
NAME OF COMMITTEE (In Full) FLORIDA PBA INC FRIENDS OF LAW ENFORCEMENT Full Name (Last, First, Middle Initial) KATHY CASTOR Mailing Address PO Box 5419 City State Zip Code FL 33675 Purpose of Disbursement CONTRIBUTION Candidate Name KATHY CASTOR Milling Address PO Box 1694 City Senate President State: FL District: 11 Full Name (Last, First, Middle Initial) CHARLIE CRIST Mailing Address PO Box 1694 City State Zip Code FL 32302 Purpose of Disbursement CONTRIBUTION Condidate Name CHARLIE CRIST Office Sought: House Charlies FL District: 00 Full Name (Last, First, Middle Initial) CHARLIE CRIST Office Sought: House Charlies FL District: 00 Full Name (Last, First, Middle Initial) CHARLIE CRIST Office Sought: House Charlies FL District: 00 Full Name (Last, First, Middle Initial) CHARLIE CRIST Office Sought: House President State: FL District: 00 Full Name (Last, First, Middle Initial) Charlies FL District: 00 Full Name (Last, First, Middle Initial) Charlies Graphy Coher (specify) ▼ Transaction ID: SB23.4210 Date of Disbursement this Peric Calegory' Type Transaction ID: SB23.4210 Date of Disbursement this Peric Calegory' Type Transaction ID: SB23.4210 Date of Disbursement this Peric Calegory' Type Transaction ID: SB23.4210 Date of Disbursement this Peric Calegory' Type Transaction ID: SB23.4210 Date of Disbursement this Peric Calegory' Type Office Sought: House Senate President State Zip Code FL 33431 Purpose of Disbursement Contribution Candidate Name Charlies Graphy Coher (specify) ▼ Other (specify) ▼	TEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) FLORIDA PBA IND FRIENDS OF LAW ENFORCEMENT Full Name (Last, First, Middle Initial) KATHY CASTOR Mailing Address PO Box 5419 City State Zip Code Tampa FL 33675 Purpose of Disbursement CONTRIBUTION Candidate Name (KATHY CASTOR) Office Sought: X House President Senate President State: FL District: 11 Full Name (Last, First, Middle Initial) CHARLIE CRIST Office Sough: Benate President State: FL 32302 Purpose of Disbursement CONTRIBUTION Candidate Name (Last, First, Middle Initial) CHARLIE CRIST Office Sough: House President State: FL District: 10 Cardidate Name CHARLIE CRIST Office Sough: House President State: Flat, British (Each Disbursement For: 2010 Category/ Type) Office Sough: President State: Flat, British (Each Disbursement For: 2010 Category/ Type) Office Sough: About State Typ Code President State: Flat, British (Each Disbursement This Peric Charlies) Office Sough: About State Typ Code President State: Flat, British (Each Disbursement This Peric Charlies) Office Sough: About State Typ Code President State: Flat, British (Elin) Mailing Address 4620 NW 24th Avenue City State: Flat, British (Elin) Office Sough: About State Typ Code President State: Typ Code President Stat				
Mailing Address PO Box 5419 City State Zip Code FL 33675 Purpose of Disbursement CONTRIBUTION Candidate Name (Last, First, Middle Initial) CHARLIE CRIST Mailing Address PO BOX 1694 City Senate Purpose of Disbursement CONTRIBUTION Candidate Name (Last, First, Middle Initial) CHARLIE CRIST Mailing Address PO BOX 1694 City TALLAHASSEE FL 32302 Purpose of Disbursement CONTRIBUTION Candidate Name Charlie CRIST Office Sought: Venate President State: FL Disbursement For: 2010 Candidate Name Charlie CRIST Office Sought: Venate President State: FL Disbursement For: 2010 X Primary General President State: FL District: 01 Transaction ID: SB23.4208 Date of Disbursement this Peric Disbursement To Date of Disbursement this Peric Date of Disbursement this Peric Date of Disbursement To Date of Disbursement this Peric Date of Disbursement To Date of Date of Disbursement To Date of Da	NAME OF COMMITTEE (In Full)	·		
City Tampa FL 33675 Purpose of Disbursement CONTRIBUTION Candidate Name KATHY CASTOR Office Sought: X House Senate President State: FL District: 11 Full Name (Last, First, Middle Initial) CHARLIE CRIST Office Sought: X Primary General Disbursement For: 2010 Candidate Name CHARLIE CRIST Office Sought: X Primary General Disbursement For: 2010 Candidate Name CHARLIE CRIST Office Sought: X Primary General Disbursement Tor: 2010 Candidate Name CHARLIE CRIST Office Sought: X Primary General Disbursement Tor: 2010 Candidate Name CHARLIE CRIST Office Sought: X Primary General Disbursement Tor: 2010 Candidate Name CHARLIE CRIST Office Sought: X Primary General Disbursement Tor: 2010 Candidate Name Charlie Crist Other (specify) ▼ Office Sought: X Primary General Disbursement Tor: 2010 Candidate Name Charlie Crist Other (specify) ▼ Office Sought: X Primary General Disbursement Tor: 2010 Candidate Name Charlie Crist Other (specify) ▼ Office Sought: X Primary General Disbursement Tor: 2010 Candidate Name Charlie Crist Other (specify) ▼ Office Sought: X Primary General Disbursement Tor: 2010 Candidate Name Charlie Crist Other (specify) ▼ Office Sought: X Primary General Disbursement Tor: 2010 Candidate Name Charlie Crist Other (specify) ▼ Office Sought: X Primary General Disbursement Tor: 2010 Candidate Name Charlie Crist Other (specify) ▼	,			
Tampa Purpose of Disbursement CONTRIBUTION Candidate Name KATHY CASTOR Office Sought:	Mailing Address PO Box 5419			$\begin{bmatrix}\begin{smallmatrix}M&8&M\\0&8&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&1&D\\1&7\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&0&0&9\\&2&0&0&9\end{smallmatrix}$
CONTRIBUTION Candidate Name KATHY CASTOR Office Sought:				Amount of Each Disbursement this Perio
Amount of Each Disbursement Control (Specify) ▼ State: FL District: 11 Full Name (Last, First, Middle Initial) CHARLIE CRIST Mailing Address PO BOX 1694 City TALLAHASSEE FL 32302 Purpose of Disbursement CONTRIBUTION Candidate Name President State: FL District: 00 Full Name (Last, First, Middle Initial) Charling Address Po Box 1694 City TALLAHASSEE FL 32302 Furpose of Disbursement Control (Specify) ▼ State FL District: 00 Full Name (Last, First, Middle Initial) Charling Address A620 NW 24th Avenue City Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) RON KLEIN Mailing Address 4620 NW 24th Avenue City State Zip Code FL 33431 Purpose of Disbursement Control (Specify) ▼ State Zip Code FL 33431 Furpose of Disbursement Control (Specify) ▼ Amount of Each Disbursement To 2010 Date of Disbursement This Peric Specify Type Office Sought: X House Senate President Control (Control (Specify) ▼ Category/Type City State Zip Code FL 33431 Purpose of Disbursement Control (Control (Specify) ▼ Category/Type City State Zip Code FL 33431 Purpose of Disbursement Control (Control (Specify) ▼ Category/Type City Senate President Control (Control (Specify) ▼ Category/Type) City Senate President Control (Control (Specify) ▼ Category/Type)	CONTRIBUTION			5000.00
Senate President State: FL District: 11 Full Name (Last, First, Middle Initial) CHARLIE CRIST Mailing Address PO BOX 1694 City State Zip Code FL 32302 Purpose of Disbursement CONTRIBUTION Candidate Name CHARLIE CRIST Office Sought: House President Name (Last, First, Middle Initial) RON KLEIN Mailing Address 4620 NW 24th Avenue State Zip Code FL 32302 Purpose of Disbursement For: 2010 X Primary General Disbursement For: 2010 X Primary General Disbursement For: 2010 Amount of Each Disbursement this Peric Type Transaction ID: SB23.4208 Date of Disbursement this Peric Category/ Type Transaction ID: SB23.4210 Date of Disbursement this Peric Date of Disbursement this Peric Category/ Type City State Zip Code FL 33431 Purpose of Disbursement CONTRIBUTION Candidate Name RON KLEIN Office Sought: House Disbursement For: 2010 Candidate Name RON KLEIN Office Sought: Ahouse Disbursement For: 2010 Senate President Disbursement For: 2010 Candidate Name RON KLEIN Office Sought: Ahouse Disbursement For: 2010 Senate President Other (specify) ▼	KATHY CASTOR	reament For: 2010		
Full Name (Last, First, Middle Initial) CHARLIE CRIST Mailing Address PO BOX 1694 City State Zip Code TALLAHASSEE FL 32302 Purpose of Disbursement CONTRIBUTION Candidate Name CHARLIE CRIST Office Sought: Note Initial President State: FL District: 00 Full Name (Last, First, Middle Initial) RON KLEIN City State Zip Code X Primary General Disbursement For: 2010 X Primary General District: 00 City State Zip Code FL 33431 Purpose of Disbursement Contribution Candidate Name RON KLEIN Office Sought: X House State Zip Code FL 33431 Purpose of Disbursement Category/ Type City State Zip Code FL 33431 Purpose of Disbursement Contribution Candidate Name RON KLEIN Office Sought: X House Senate President Senate President Disbursement For: 2010 Category/ Type Amount of Each Disbursement this Peric Amount of Each Disbursement this Peric Date of Disbursement Office Sought: X House Senate President Senate President Other (specify) ▼ Coty General Other (specify) ▼	Senate President	X Primary General		
City TALLAHASSEE FL 32302 Purpose of Disbursement CONTRIBUTION Candidate Name CHARLIE CRIST Office Sought: House President President State: FL District: 00 Full Name (Last, First, Middle Initial) RON KLEIN Mailing Address 4620 NW 24th Avenue City State Zip Code Boca Raton FL 33431 Purpose of Disbursement For: 2010 State Zip Code FL 33431 Purpose of Disbursement For: 2010 Candidate Name RON KLEIN Other (specify) ▼ Amount of Each Disbursement this Peric Perical President State	Full Name (Last, First, Middle Initial)			
TALLAHASSEE FL 32302 Purpose of Disbursement CONTRIBUTION Candidate Name CHARLIE CRIST Office Sought: House President President President State: FL District: 00 Full Name (Last, First, Middle Initial) RON KLEIN Mailing Address 4620 NW 24th Avenue City State Zip Code Boca Raton FL 33431 Purpose of Disbursement CONTRIBUTION Candidate Name RON KLEIN Office Sought: X House President Senate President Senate President Other (specify) ▼ Transaction ID: SB23.4210 Date of Disbursement O 8 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Mailing Address PO BOX 1694			$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}8^M\\\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}D\\1\end{smallmatrix}2^D\\\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0\end{smallmatrix}009^Y\\\end{smallmatrix}$
CONTRIBUTION Candidate Name CHARLIE CRIST Office Sought: House X Senate President President State: FL District: 00 Full Name (Last, First, Middle Initial) RON KLEIN Mailing Address 4620 NW 24th Avenue City State Zip Code Boca Raton FL 33431 Purpose of Disbursement CONTRIBUTION Candidate Name RON KLEIN Office Sought: X House Senate President Senate President Senate President Other (specify) Office Sought: X House Senate President Senate Other (specify) General Other (specify) Office Sought: X Primary General Other (specify) General Other (specify) Fresident Other (specify) Fresident				Amount of Each Disbursement this Period
CHARLIE CRIST Office Sought: House X Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) RON KLEIN Mailing Address 4620 NW 24th Avenue City Boca Raton FL 33431 Purpose of Disbursement CONTRIBUTION Candidate Name RON KLEIN Office Sought: X House President President President Disbursement For: 2010 Amount of Each Disbursement this Period Senate President President Other (specify) ▼ Type Type Type Type Transaction ID: SB23.4210 Date of Disbursement M M M / D D D / Y Y O Y O Y O Y O Y O Y O Y O Y O Y O	•		011	10000.00
State: FL District: 00 District: 00	CHARLIE CRIST			
Full Name (Last, First, Middle Initial) RON KLEIN Mailing Address 4620 NW 24th Avenue City State Zip Code Boca Raton FL 33431 Purpose of Disbursement CONTRIBUTION Candidate Name RON KLEIN Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) Total	χ Senate President	X Primary General		
City State Zip Code Boca Raton FL 33431 Purpose of Disbursement CONTRIBUTION Candidate Name RON KLEIN Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) Other (specify)	Full Name (Last, First, Middle Initial)			
Boca Raton FL 33431 Purpose of Disbursement CONTRIBUTION Candidate Name RON KLEIN Office Sought: X House Senate President President Disbursement For: 2010 X Primary General Other (specify)	Mailing Address 4620 NW 24th Avenue	l.		$\begin{bmatrix}\begin{smallmatrix}M&M&M\\08&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\12\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2009\end{smallmatrix}\end{bmatrix}$
CONTRIBUTION Candidate Name RON KLEIN Office Sought: X House Senate President Disbursement For: X Primary General Other (specify)				
RON KLEIN Office Sought: X House Senate President Disbursement For: X Primary General Other (specify) ▼	CONTRIBUTION			5000.00
Senate X Primary General President Other (specify) ▼	RON KLEIN			
	Senate	X Primary General		
		V F == 37 ▼		
SUBTOTAL of Disbursements This Page (optional)		,	<u>-</u>	

	CHEDOLE B (FEC F	•	Use sep	arate schedule(s)		E NUMBER: PAGE 8/11
IT	EMIZED DISBURSE	MENTS	for each	category of the Summary Page	(check or 21b 27	22
						for the purpose of soliciting contributions olicit contributions from such committee
\rangle	NAME OF COMMITTEE (In F FLORIDA PBA INC FRIEI	ull)				
	Full Name (Last, First, Middle THAD ALTMAN	Initial)				Transaction ID: SB29.4218 Date of Disbursement
	Mailing Address 2160 Lic	onel Drive				09 1 4 7 2009
	City MELBOURNE		State FL	Zip Code 32940		Amount of Each Disbursement this Perio
	Purpose of Disbursement CONTRIBUTION				011	500.00
	Candidate Name THAD ALTMAN	Diah	ursement For:	2010	Category/ Type	-
	Office Sought: House Senate Preside		X Primary Other (spe	2010 General ecify) ▼		
	State: District: Full Name (Last, First, Middle LEONARD BEMBRY	Initial)				Transaction ID: SB29.4205 Date of Disbursement
	Mailing Address 2510 SV	V PETTIS SP	RINGS CIR			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
	City GREENVILLE		State FL	Zip Code 32331		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION				011	500.00
	Candidate Name LEONARD BEMBRY				Category/ Type	
	Office Sought: X House Senate Preside	ent	ursement For: X Primary Other (spe	2010 General ecify)		
	State: FL District: 10 Full Name (Last, First, Middle BILL FOSTER					Transaction ID: SB29.4214 Date of Disbursement
	Mailing Address 555 4th	St N				0 9 M / D 0 8 / Y 2 0 0 9 Y
	City ST PETERSBURG		State FL	Zip Code 33701		Amount of Each Disbursement this Perio
	Purpose of Disbursement CONTRIBUTION				011	500.00
	Candidate Name BILL FOSTER				Category/ Type	
	Office Sought: House	Disb	ursement For:	2009		
	Senate Preside	ent	Other (spe	X General ecify) ▼		

ITEMIZED D	B (FEC Form 3X)	Use sep	arate schedule(s)	FOR LINE	
	SBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	7 one) 22
					or the purpose of soliciting contributions licit contributions from such committee
NAME OF COM	IMITTEE (In Full) A INC FRIENDS OF LAW				
Full Name (Last DON GAETZ	, First, Middle Initial)				Transaction ID: SB29.4222 Date of Disbursement
Mailing Address	24 Bluewater Point				$\begin{bmatrix}\begin{smallmatrix}M\\O9\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\I5\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}Y\\I2\end{smallmatrix}\end{bmatrix}^Y \begin{bmatrix}\begin{smallmatrix}Y\\I2\end{smallmatrix}\end{bmatrix}^Y \begin{bmatrix}Y\\I3\end{smallmatrix}\end{bmatrix}^Y \begin{bmatrix}Y\\I3\end{smallmatrix}\end{bmatrix}^Y \begin{bmatrix}Y\\I3\end{smallmatrix}$
City NICEVILLE		State FL	Zip Code 32578		Amount of Each Disbursement this Period
Purpose of Disb	N			011	500.00
Candidate Name				Category/ Type	
Office Sought:	Senate President	oursement For: X Primary Other (spe	2010 General ecify)		
State: Full Name (Last MIKE HARIDO	District: , First, Middle Initial) DPOLIS				Transaction ID: SB29.4227 Date of Disbursement
Mailing Address		26			0 9 1 5 1 5 7 2 0 0 9 Y
City INDIALANTIC	;	State FL	Zip Code 32903		Amount of Each Disbursement this Period
	ursement		Zip Code 32903	011	Amount of Each Disbursement this Perio
Purpose of Disb	ursement N			011 Category/ Type	
Purpose of Disb CONTRIBUTIO Candidate Name	ursement N E DPOLIS House Senate President Disk		2010 General	Category/	
INDIALANTIC Purpose of Disb CONTRIBUTIO Candidate Name MIKE HARIDO Office Sought: State: Full Name (Last	Ursement N DPOLIS House Disk Senate President District: First, Middle Initial)	oursement For:	2010 General	Category/	Transaction ID: SB29.4206
INDIALANTIC Purpose of Disb CONTRIBUTIO Candidate Name MIKE HARIDO Office Sought:	ursement N DPOLIS House Dist Senate President District: First, Middle Initial)	oursement For:	2010 General	Category/	500.00
INDIALANTIC Purpose of Disb CONTRIBUTIO Candidate Name MIKE HARIDO Office Sought: State: Full Name (Last JOE NEGRO) Mailing Address City	ursement N DPOLIS House Dist Senate President District: First, Middle Initial)	oursement For: X Primary Other (spe	2010 General ecify) ▼	Category/	Transaction ID: SB29.4206 Date of Disbursement M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
INDIALANTIC Purpose of Disb CONTRIBUTIO Candidate Name MIKE HARIDO Office Sought: State: Full Name (Last JOE NEGRO) Mailing Address City STUART Purpose of Disb	Ursement N POPOLIS House Disk Senate President District: First, Middle Initial) N PO BOX 1816	oursement For: X Primary Other (spe	2010 General ecify) ▼	Category/ Type	Transaction ID: SB29.4206 Date of Disbursement M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	ne (Last, First, Middle Initial) EGRON Address PO BOX 1816					Date o	of Disburs	SB29 sement	9.4224	9 ^Y
City		State	Zip Code			Атоп	nt of Eac	h Diebure	ement this	Porio
STUAF	rT	FL	34995			Alliou	ill OI Lac	ii Disbuis	ement this	Fend
	of Disbursement IBUTION te Name			01 Categ			0 0		500.0	00
	EGRON			Тур	,					
Office S	Senate President	Disbursement For: X Primary Other (spe	2010 General							
State: F										
	ne (Last, First, Middle Initial) OELRICH						action III of Disbure): SB29 sement	9.4220	
						М		1 4	y žoŏ	O Y
Mailing A	Address 5200 NW 43rd S	treet STE 102-146	5			0 9		1 4	200	9
City GAINE	SVILLE	State FL	Zip Code 32606			Amou	nt of Eac	h Disburs	ement this	
	of Disbursement BUTION			01	1	L.	•		500.0	00
Candida STEVE	te Name OELRICH			Categ	-					
Office S	ought: House Senate President District:	Disbursement For: X Primary Other (spe	2010 General							
Full Nam	ne (Last, First, Middle Initial) S RICHARDSON						action II): SB29 sement	9.4216	
Mailing A	Address 533 Tuskegee St	reet				0 9	M / D	14 /	Ý Ž 0 Ď	9 ^Y
City	HASSEE	State FL	Zip Code 32305			Amou	nt of Eac	h Disburs	ement this	Perio
	of Disbursement IBUTION			01	1	<u>L.</u>			500.0	00
Candida CURTI:	te Name S RICHARDSON			Categ Typ	ory/					
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State:	District:									
State.										

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check only	NUMBER: PAGE 11 / 11
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	me and address of any politica		
/ FLORIDA PBA INC FRIENDS OF LAW I	ENFORGEMENT		
Full Name (Last, First, Middle Initial) ROB SCHENCK Mailing Address 2096 GOLD ROAD			Transaction ID: SB29.4204 Date of Disbursement 0 7 1 6 2 0 0 9
City SPRING HILL	State Zip Code FL 34609		Amount of Each Disbursement this Perio
Purpose of Disbursement CONTRIBUTION		011	500.00
Candidate Name ROB SCHENCK		Category/ Type	
Senate President	sement For: 2010 X Primary General Other (specify)		
State: FL District: 44 Full Name (Last, First, Middle Initial)			Transaction ID: CD00 4010
JOHN THRASHER			Transaction ID: SB29.4212 Date of Disbursement
Mailing Address 109 Premiere Vista Wa	ay		$\begin{bmatrix} 0 & 8 & M & 1 & M & 2 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0$
City ST AUGUSTINE	State Zip Code FL 32080		Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION		011	500.00
Candidate Name JOHN THRASHER		Category/ Type	
ÿ 🗎 I	x Primary General Other (specify)		
Full Name (Last, First, Middle Initial) WILL WEATHERFORD			Transaction ID: SB29.4225 Date of Disbursement
Mailing Address Post Office Box 7339			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City WESLEY CHAPEL	State Zip Code FL 33545		Amount of Each Disbursement this Perio
Purpose of Disbursement CONTRIBUTION		011	500.00
Candidate Name WILL WEATHERFORD		Category/ Type	
° 🗎	sement For: 2010 X Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional	l)		1500.00
(Sp. (Sp. 10)	,		6000.00